# Application to amalgamate incorporated associations

***Associations Incorporation Reform Act 2012***

Postal address: GPO Box 4567, Melbourne VIC 3001

Email enquiries: [cav.registration@justice.vic.gov.au](mailto:cav.registration@justice.vic.gov.au)

Web: [consumer.vic.gov.au/associations](http://www.consumer.vic.gov.au/associations)

Telephone: 1300 55 81 81

## Things to know before starting your application

* **All associations applying to amalgamate must have submitted any outstanding annual statements. This application will not be processed if any annual statements are outstanding for any of the participating associations.**
* **This form can only be lodged by mail. We cannot accept forms containing credit card numbers that are emailed to us.**
* You can pay the fee by cheque, money order or credit card.
* If completing the form by hand, please use a blue or black pen and print clearly using block letters.
* Other documents are required as part of this application. You must attach:
* if you are proposing to adopt your own rules, a full copy of the rules
* **for each association**, a copy of the minutes of the meeting where the special resolution for amalgamation was passed
* **for each association**, a copy of the completed special resolution approving the amalgamation (use the template at the end of this form)
* a copy of the trust deed for any trust account the association will administer
* Do not delete any part of this form. Leave any sections blank that do not apply.

## Fees

* If adopting the model rules with no changes or only one change to the financial year end date, the fee is $262.40.
* If adopting the association’s own rules, the fee is $477.00.

1. Which associations are applying to amalgamate?

| Registration number | Name of association | Registered address (including postcode) |
| --- | --- | --- |
| A |  |  |
| A |  |  |
| A |  |  |
| A |  |  |
| A |  |  |
| A |  |  |
| A |  |  |

Amalgamation Form (01/07/2016)

## Details of new association

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is the proposed name of the new association?   It is suggested the name reflect the purpose of the association. The name you propose may not be accepted because it is similar or identical to an existing name. To check if your name already exists or is similar to another, you can search [ASIC's organisation and business names register](http://connectonline.asic.gov.au/). The name of an incorporated association must have the word "Incorporated" or the abbreviated “Inc.” as the last word of its name.  If your first choice of name is unavailable, you may list two other preferred names here. We will use this list to automatically register the first available name. Please consider your preferences carefully as you will not be contacted to confirm the name that is registered. The names listed should be substantially different from each other. | | | | | | | | | | |
| Proposed name | | | | |  | | | | | |
| Second preference | | | | |  | | | | | |
| Third preference | | | | |  | | | | | |
| 1. Who is the first appointed secretary of the association? | | | | | | | | | | |
| Surname | | | | | |  | | | | |
| Given names | | | | | |  | | | | |
| Address (including state and postcode. Can be PO box) | | | | | |  | | | | |
| Date of birth  dd/mm/yyyy | | | | | |  | | | | |
| Daytime telephone number (including area code) | | | | | |  | | | | |
| Email | | | | | |  | | | | |
| 1. Has the committee been appointed? (Mark with an X) | | | | | | | | | | |
| Yes | |  | | No | | |  |
| 1. Registered address of association Mail will be sent to this address unless you advise otherwise. | | | | | | | | | | |
| Same as secretary’s address. Yes/No | | | | | | | |  | |
| If no, please enter registered address (including state and postcode. Can be PO box): | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Does the association have a domain name/website address? (Mark with an X) | | | | | | | | | | |
| **No** |  | | Go to question **7.** | | | | | | | |
| **Yes** |  | | List all names/website addresses: | | | | | |  | |

## Financial information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What is the estimated total revenue of the association for its first financial year? Total revenue is gross total income from all activities of the association and determines the tier of the association. (Mark with an X) | | | | | | | | | |
| Less than $250,000 (tier 1) | | | | | |  | |
| Between $250,000 and $1million (tier 2) | | | | | |  | |
| More than $1Million (tier 3) | | | | | |  | |
| Note: If your association’s financial year ends after 30 June 2024, your association will be subject to new tier thresholds set by the Associations Incorporation Reform Regulations 2023, based on total revenue:  Less than $500,000 – Tier 1  Between $500,000 and $3 million – Tier 2  More than $3 million – Tier 3   1. What is the estimated total value of revenue generated by the association in its first financial year? | | | | | | | | | |
| $ | | | | | | | | | |
| 1. What is the association’s ongoing financial year end date? (Mark with an X) | | | | | | | | | |
| 30 June | |  | | 31 December | | |  | |
| **OR** specify the different financial year end date (you only need to specify a date and month) | | | | | | | | | |
| Financial year end date (e.g. 31 August) | | | | |  | | | | |
| 1. Will the association administer any trust accounts? (Mark with an X) | | | | | | | | | |
| No |  | | Go to question **11.** | | | | | | |
| Yes |  | | Provide the names of all trusts relating to the association | | | | | |  |

**Purposes**

|  |
| --- |
| 1. What are the purposes of the association? This is generally a two to four sentence statement describing what the association hopes to achieve. List each purpose in a numbered paragraph. An example of a statement of purpose is: 2. To provide an opportunity for the youth of our area to participate in Australian Rules Football and enhance their health and wellbeing through organised sport. 3. To provide for the health, welfare and wellbeing of its players, supporters and spectators.   List the association’s proposed purposes here: |
|  |

**Rules**

|  |  |
| --- | --- |
| 1. What are the association’s proposed rules? There are two options: adopting the model rules with no changes or only the financial year end date. If anything else in your rules differs from the model rules, you must choose own rules. (Mark with an X) | |
| **Own rules** – you must ensure that the rules address the 23 required matters specified in Schedule 1 of the Act. Rules must be in numbered paragraphs. |  |
| **The model rules** with no changes or only a change to the financial year end date. |  |

**Membership fees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Will the association charge members an entrance fee or annual subscription fees? (Mark with an X) | | | | | |
| **No** |  | Go to question **14.** | | | |
| **Yes** |  | Entrance fee amount | $ | Annual subscription fee amount | $ |

**Membership**

|  |  |  |
| --- | --- | --- |
| 1. Does the proposed association have five or more members at the time of application? Members can include any person who has applied for and been accepted as a member, not just committee members. (Mark with an X) | | |
| **No** |  | In accordance with the *Associations Incorporation Reform Act 2012*, you are not eligible to apply.  For further information, visit [consumer.vic.gov.au/associations.](http://www.consumer.vic.gov.au/associations) |
| **Yes** |  | How many members does the proposed association have at the time of making this application? Write as a number (e.g. 6, 8, 12) |

**Lodgement person**

1. **Who is lodging this application?** (Mark with an X)

|  |  |  |
| --- | --- | --- |
| The first appointed secretary | |  |
| **OR** specify a different person below: | | | |
| Surname |  | | |
| Given names |  | | |
| Postal address  including state and postcode |  | | |
| Relationship to association (e.g. accountant) |  | | |
| Daytime telephone number  including area code |  | | |
| Email |  | | |

**Declaration and signature**

|  |  |
| --- | --- |
| 1. I declare that:  * I am authorised in accordance with the *Associations Incorporation Reform Act 2012* to apply for the incorporation of the association in this application and each secretary of each association listed in this application form has given approval under section 17(1) of the *Associations Incorporation Reform Act 2012* to amalgamate * the proposed rules have been approved by a majority of members in accordance with section 17 of the *Associations Incorporation Reform Act 2012* * the details in this application are true and correct. I acknowledge that it is an offence under section 208 of the *Associations Incorporation Reform Act 2012* to make a false or misleading statement or omit information in relation to an application for association incorporation * any copies of documents (attachments) to this application are true copies * the first secretary named in this form is 18 years of age or older; is resident in Australia; is not bankrupt or a represented person under the *Guardianship and Administration Act 1986;* and consents to being secretary. | |
| Signature |  |
| Date  dd/mm/yyyy |  |

**Document checklist**

|  |  |
| --- | --- |
| 1. We cannot process your application without the following documents:   You must attach by paperclip (not staple) (Mark with an X) | |
| If using own rules, a full copy of the rules, including the name, purposes and financial year end date. |  |
| **For each association**, a copy of the minutes of the meeting where the special resolution for amalgamation was passed. |  |
| **For each association**, a copy of the completed special resolution approving the amalgamation (use the template at the end of this form) |  |
| A copy of the trust deed for each trust account the association will administer. |  |

## How to lodge and pay

**You must pay the application fee at the time of application.** There is no GST payable.

* If adopting the model rules with no changes or only one change to the financial year end date, the fee is $262.40.
* If adopting the association’s own rules, the fee is $477.00.

Print the form and sign the declaration. If paying by credit card fill in the details below or attach a cheque or money order made payable to ‘Consumer Affairs Victoria’ to the application form.

Post the completed form, any attachments and payment to Consumer Affairs Victoria at GPO Box 4567, Melbourne VIC 3001.

## What happens when you lodge your application?

* If the form is completed correctly and all necessary documents are attached, processing time is on average 4 weeks. We may ask you to provide further information.
* If any change occurs in the information you have provided in your application, you must notify Consumer Affairs Victoria as soon as possible.
* If your registration is granted, you will receive a Certificate of Incorporation, which is ongoing unless deregistered or cancelled.
* If your registration is not granted, you can appeal the decision at the Victorian Civil Administrative Tribunal (VCAT) within 28 days of the decision being made.

## Credit card details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please debit my (choose one) (Mark with an X) | Visa |  | MasterCard |  |
| Amount | $ | | | | |
| Card number |  | | | | |
| Expiry date |  | | CCV number (3 numbers) | |  |
| Name of cardholder |  | | | | |
| Signature of cardholder |  | | | | |
| Date |  | | | | |
| Daytime telephone number of cardholder |  | | | | |

**Privacy** – Consumer Affairs Victoria is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Privacy and Data Protection Act 2014*. Some information on this form will be placed on a public register in accordance with the *Associations Incorporation Reform Act 2012*. We may be unable to process this application if you do not provide the required information. You can contact us at any time to request access to the personal information we hold about you. In exceptional circumstances, you may apply to have public access to your personal information restricted. Our privacy statement and other privacy information is available at the [Consumer Affairs Victoria website](http://www.consumer.vic.gov.au/) or on request.

**Notice of special resolution approving amalgamation of incorporated associations**

*Associations Incorporation Reform Act 2012*

Section 18(3)(a) Regulation 8

**This form must be submitted to the Registrar for each amalgamating association.**

I (*insert name)* of(*insert full name and registered number of the incorporated association proposing to amalgamate*), declare that—

The special resolution to amalgamate was passed at a general meeting of the association held on (*insert date of general meeting) at (insert place of general meeting*) in accordance with the ***Associations Incorporation Reform Act 2012****.*

Provided below are the details of the special resolution passed at the meeting approving:

the terms of the amalgamation of the incorporated association

*(insert details)*

the purposes of the proposed amalgamated incorporated association

*(insert details)*

the proposed rules of the proposed amalgamated incorporated association

*(insert details)*

Signed:

Dated: